

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018739

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

116

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		c. CITY OR TOWN SIKESTON	
Length of stay in 1b 20 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 717 E. KATHLEEN	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELIZABETH CROUTHERS		4. DATE OF DEATH Month Day Year 5-1-63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) LONOKE CO ARK
13a. FATHER'S NAME WM. M. LEIGH		13b. MOTHER'S MAIDEN NAME KATIE NEELY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 17. INFORMANT W.H. Crouthers - Sikeston MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic ulcerative gastritis DUE TO (b) Steroids DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Shock, sec. & hemorrhage, hypotension			INTERVAL BETWEEN ONSET AND DEATH 20 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4/10/63 to 5-1-63 and last saw her alive on 5-1-63 Death occurred at 3:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. Ferguson, M.D.		22b. ADDRESS 1012 N. Main, Sikeston, MO	
22c. DATE SIGNED 5/1/63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 5-3-63		23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES	
23d. LOCATION (City, town, or county) SIKESTON MO		24. FUNERAL DIRECTOR Welch Funeral Home - Sikeston MO	
25. DATE RECD. BY LOCAL REG. May 1 - 1963		26. REGISTRAR'S SIGNATURE Jeanette Waldman	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1007  
2 1007  
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13 2-0

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Likeston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued May 1 - 1963